

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 80289(302748)	
Application Number      10/579,463-Conf. #7029		Filed      February 8, 2007	
For      METHOD FOR TRANSFORMING HEAD SURFACE COORDINATES TO BRAIN SURFACE COORDINATES AND TRANSCRANIAL BRAIN FUNCTION MEASURING METHOD USING THE TRANSFORMATION DATA			
Art Unit      3777		Examiner      J. F. Brutus	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$150	\$75	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$560	\$280	\$ 560.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1270	\$635	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1980	\$990	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2690	\$1345	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      04-1105			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number      49,036			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34      _____			
_____/David J. Silvia/ Signature		_____/November 21, 2011/ Date	
_____/David J. Silvia/ Typed or printed name		_____/ (203) 353-6839/ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of      1      forms are submitted.			